

CONSUMER REIMBURSEMENT FORM

I request reimbursement in the amount of \$_____ from Vocational Rehabilitation Services. The attached receipt(s) show(s) that I paid for the following goods/services:

Client Name (please print) _____

Client Signature _____ **Date** _____

Address _____

_____ **Phone #** _____

Note: Receipts must contain the following information: who was paid, date goods/services were received, description of item or service, how many of each item, price of each item, and total price. If any of this information is missing, it can be written on the receipt.

Specialist Signature _____ **Section 1** _____ **Date** _____